

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>Chad Gallagher 523 South Louisiana, Suite 222 Little Rock, AR 727201</p>		<p>B. Received by (Printed Name) B. Date of Delivery</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0001 9239 4626</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>9590 9402 6808 1074 4939 90</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#



9590 9402 6808 1074 4939 90



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Harrington, Miller, Kieklak,
Eichmann & Brown, P.A.
4710 South Thompson, Suite 102
Springdale, Arkansas 72764

Dillard-18-00249

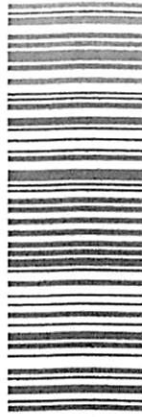
DW.



7021 0950 0001 9239 4633

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7021 0950 0001 9239 4633

7021 0950 0001 9239 4633

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street

City, State

Legacy Consulting, Inc.

Chad Gallagher

307 W. Stilwell Ave.

Dequeen, AR 71832

Postmark
Here

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

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1. Article Addressed to:

Legacy Consulting, Inc.
Chad Gallagher
307 W. Stilwell Ave.
Dequeen, AR 71832



9590 9402 6808 1074 4941 71

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
- If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

Harrington Miller

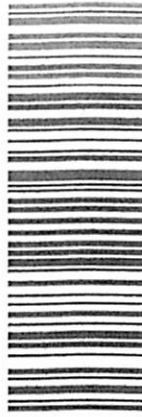
hompson, Suite 102
arkansas 72764

Legacy Consulting, Inc.
Chad Gallagher
307 W. Stilwell Ave.
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Domestic Mail Only

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Certified Mail Fee

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☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ _____
 Total F

\$ _____
 Sent To

Street:

City, St:

Chad Gallagher
 523 South Louisiana, Suite 222
 Little Rock, AR 727201

Postmark
 Here

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

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 Little Rock, AR 727201



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☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

Harrington Miller

Tomponson, Suite 102
 Arkansas 72764

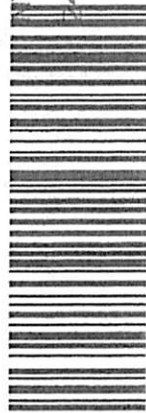
Chad Gallagher
 523 South Louisiana, Suite 222
 Little Rock, AR 727201



Harrington Miller

4710 South Thompson, Suite 102
Springdale, Arkansas 72764

CERTIFIED MAIL®



7021 0950 0001 9239 4633

W ARKANSAS AR 727

4 AUG 2021 PM



US POSTAGE
\$06.96

First-Class

Mailed From 72764

08/23/2021

032A 0061811521

Legacy Consulting, Inc.

Chad Gallagher

307 W. Stilwell Ave.

Dequeen, AR 71832

NIXIE

711 FE 1

0009/01/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

BC: 72764260927

*2301-03792-24-36

71832-51832-99